

If you	are flexible with
your d	late/time please
ch	eck the box.

			Date Submitted:
School or Organization Nam	e:		
Affiliated Organizations (if a	applicable):		
Date:	Time:		County:
Location/Address:			
Contact:		Position/Title:	
Phone (Work)		(Cell)	
Mailing Address			
City		State:	Zip:
Email:			
Other officials or special att	endees:		
Number of Attendees?			
School Visit Details:			

Please submit to:
Ember Bishop | Special Assistant to the First Lady
Office of the Governor
2:: 404.231.8621